

County of Kauai
TRANSPORTATION AGENCY
Paratransit (Door-to-Door) Service Application

Check all that apply:

Senior Male
 Agency Female
 ADA Senior Center Member

DATE: _____

Name: _____
Last First Middle Initial

Birth Date: _____ **Phone:** _____ **Email Address:** _____

Mailing Address: _____
P.O. Box or Street Town State Zip-Code

Residence Address: _____
Street Town

Directions to Home _____

Emergency Contact: _____ **Relationship:** _____ **Phone:** _____

Mobility Status: (Please check all that apply)

Walk-on Uses Cane Uses Walker Uses Crutches Need to use lift instead of steps
 Manual Wheelchair **Length:** _____ **Width:** _____ Requires Portable Oxygen
 Motorized Wheelchair **Length:** _____ **Width:** _____ Requires Personal Care Attendant
 3-Wheel Scooter **Length:** _____ **Width:** _____ Other: _____

Common wheelchair/scooter size limits: 53" in length and 33" in width and 800 pounds when occupied.

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR STATISTICAL PURPOSES:

Ethnic Group (Check One)

African American American Indian/Alaskan Native Japanese, Filipino Korean
 Hawaiian/Part Hawaiian Hispanic/Latino Chinese Vietnamese Other Asian/Pacific Islander
 Samoan White Choose Not To Declare

Household Size (Check One)

Live Alone With Spouse With Relatives With Non-relatives Care Home
 Other _____ Choose Not To Declare

Personal Income: \$ _____ Per Month _____ Choose Not To Declare

I hereby authorize the release of information and photos relating to transportation services for statistical purposes.

Signature

Name of Person Other Than Applicant Completing Form

Date

Relationship

Phone

Return completed form to: County of Kauai, Transportation Agency, 3220 Hoolako Street, Lihue, HI 96766